

## Report of Child(ren) Alleged to be Suffering from Serious Physical or Emotional Injury by Abuse or Neglect

Massachusetts law requires an individual who is a mandated reporter to immediately report any allegation of serious physical or emotional injury resulting from abuse or neglect to the Department of Social Services by:

- 1. Immediately reporting by oral communication; and
- 2. Completing and sending this written report to the appropriate Department of Social Services' office within **48 hours** of making the oral report.

Please complete all sections of this form. If some data is unknown, please signify. If some data is uncertain, place a question mark after the entry.

▼ Data on Children Reported	•		Age or
Name	Current Location / Address	Sex	Date of Birth
		☐ Male ☐ Female	
		☐ Male ☐ Female	
		☐ Male ☐ Female	
		☐ Male ☐ Female	
		☐ Male ☐ Female	
▼ Data on Male Guardian or Pa	RENT		
Name:			
First	Last		Middle
Address:			
Street and Number	City / Town	State	Zip Code
▼ Data on Female Guardian or I	Parent	Age:	
▼ Data on Female Guardian or I	PARENT Last	Age:	middle
▼ Data on Female Guardian or I  Name:  First  Address:	Last		
▼ DATA ON FEMALE GUARDIAN OR INTERPRETATION OF ITEMS INTO THE PROPERTY OF THE		Age:	middle Zip code
Address:	Last		
▼ Data on Female Guardian or I  Name:  First  Address:  Street and Number  Phone #:	Last	State	
▼ DATA ON FEMALE GUARDIAN OR I  Name:  First  Address:  Street and Number  Phone #:  ▼ DATA ON REPORTER / REPORT	Last	State	
▼ Data on Female Guardian or I  Name: First  Address: Street and Number  Phone #:  ▼ Data on Reporter / Report  Report Date:	Last City / Town	State Age:	
■ DATA ON FEMALE GUARDIAN OR INSTANCE  Name:  First  Address:  Street and Number  Phone #:  ■ DATA ON REPORTER / REPORT  Report Date:  Reporter's Name:  First	Last  City / Town  Mandatory Report  Last	State Age:	
Name:  First  Address:  Street and Number  Phone #:  V DATA ON REPORTER / REPORT  Report Date:  Reporter's Name:  First  (If the reporter represents an institution, sch	Last  City / Town  Mandatory Report  Last	State Age:	Zip code
■ DATA ON FEMALE GUARDIAN OR I  Name: First  Address: Street and Number  Phone #:  ■ DATA ON REPORTER / REPORT  Report Date:  Reporter's Name:	Last  City / Town  Mandatory Report  Last nool or facility, please indicate)	State Age:	Zip code

•	What is the nature and extent of injury, abuse, maltreatment, or neglect, including prior evidence of same? (Please cite the source of this information in not observed firsthand.)
<b>V</b>	What are the circumstances under which the reporter became aware of the injuries, abuse or maltreatment, or neglect?
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<b>V</b>	What action has been taken thus far to treat, shelter, or otherwise assist the child(ren) to deal with the situation?
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<b>▼</b>	Please give other information that you think might be helpful in establishing the cause of the injury and /or the person(s) responsible for it. If known, please provide the name(s) of the alleged perpetrator(s)?
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<u>Cia</u>	nature of Reporter:
Jig	nature of neporter.